

# WITHDRAWAL OF CERTIFICATE OF AUTHORITY FOREIGN LIMITED LIABILITY PARTNERSHIP

**MAILING ADDRESS:**

Commercial Recording Division  
Connecticut Secretary of the State  
P.O. Box 150470  
Hartford, CT 06115-0470  
860-509-6003

**DELIVERY ADDRESS:**

Commercial Recording Division  
Connecticut Secretary of the State  
30 Trinity Street  
Hartford, CT 06106  
860-509-6003

Space For Office Use Only

**Filing Fee: \$60.00**

**Make Checks Payable To "Secretary of the State"**

**1. NAME OF THE LIMITED LIABILITY PARTNERSHIP:**

**2. DOMESTIC STATE OF REGISTRATION:**

**The above named limited liability partnership hereby withdraws  
its certificate of authority effective upon filing.**

**EXECUTION:**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**3.**

**4.**

**Name of partner**

**Signature**